

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90178 024 ***150.00

DOCUMENT # 604688

1. Entity Name
PHILIP N. GELFAND, M.D., P.A.



Principal Place of Business
**1414 PARK DR.
LEESBURG FL 34748**

Mailing Address
**1414 PARK DR.
LEESBURG FL 34748**



2. Principal
Philip N. Gelfand, M.D. PA
Suite **1966 Bridgewater Dr.
Lake Mary, FL 32746**

3. Mailing Agent
Philip N. Gelfand, M.D. PA
Suite **1966 Bridgewater Dr.
Lake Mary, FL 32746**

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-1487459	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELFAND, PHILIP N. (M.D.) 1414 PARK DRIVE LEESBURG FL 32748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Philip N. Gelfand, M.D. 1966 Bridgewater Dr. Lake Mary, FL 32746 City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Philip N. Gelfand M.D.* DATE **3-20-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELFAND, PHILIP N 1414 PARK DR. LEESBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip N. Gelfand, M.D. 1966 Bridgewater Dr. Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELFAND, FRANCINE 1414 PARK DR. LEESBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francine Gelfand 1966 Bridgewater Dr. Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELFAND, PHILIP N 1414 PARK DR. LEESBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip N. Gelfand, M.D. 1966 Bridgewater Dr. Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip N. Gelfand* **PHILIP N. GELFAND** DATE **3-20-03** DAYTIME PHONE # **407-804-0045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)